



Clinical Weekly - 153rd Edition

#JOURNALTUESDAY - by Abi Peck

"Running retraining to treat lower limb injuries: a mixed-methods study of current evidence synthesised with expert opinion".

[Download here](#)

1. What were the aims of this paper?

To evaluate whether different methods of running retraining for lower limb injuries were beneficial

2. What intrinsic factors can increase the risk of lower limb injuries when running?

- Increased age
- Increased BMI
- Previous injury
- Leg length discrepancies
- Abnormal alignment
- Foot posture
- Poor foot loading

3. What extrinsic factors can increase the risk of lower limb injuries when running?

- Level of competition
- Training loads
- Shoe type
- Training surface

4. What does the paper suggest?

- Limited/ controversial evidence to support running retraining in exertional lower limb pain and PFP
- Specialists believe that many lower limb injuries would benefit from retraining where there was a biomechanical cause for injury/symptoms

#NEWSOFTHEWEEK - by Liz Wright

1. Strengthening exercises for frozen shoulder?

This randomized controlled trial studies the effect of implementing RC muscles strengthening to joint mobilisation and TENS in patients with adhesive capsulitis. One group received TENS and joint mobilisation and in the other group RC muscles strengthening was added. Treatment was given over 4 weeks for 12 sessions. Statistically significant changes were seen in all the outcome measures in the group that received strengthening exercises vs TENS and mobilisation.

[http://www.jhandtherapy.org/article/So894-1130\(16\)30147-8/pdf](http://www.jhandtherapy.org/article/So894-1130(16)30147-8/pdf)





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#NEWSOFTHEWEEK - by Liz Wright

2. Dr Chris Littlewood recommendations for the rotator cuff

Key points summarised from the clinical edge podcast episode 67 with Dr Chris Littlewood in these two handy infographics. Key points for exercise prescription Exercises that work into pain demonstrate superior short term outcomes for chronic pain over pain free; test exercise capacity in the clinical setting; retrain patient in the most painful zone, prescribe exercises that produce acceptable levels of pain for the patient at the time of exercise, after and 24 hours later; and provided suitable progressions and regressions to the patient.

See links <http://bit.ly/2eHc8nQ> <http://bit.ly/2vHEaKk>

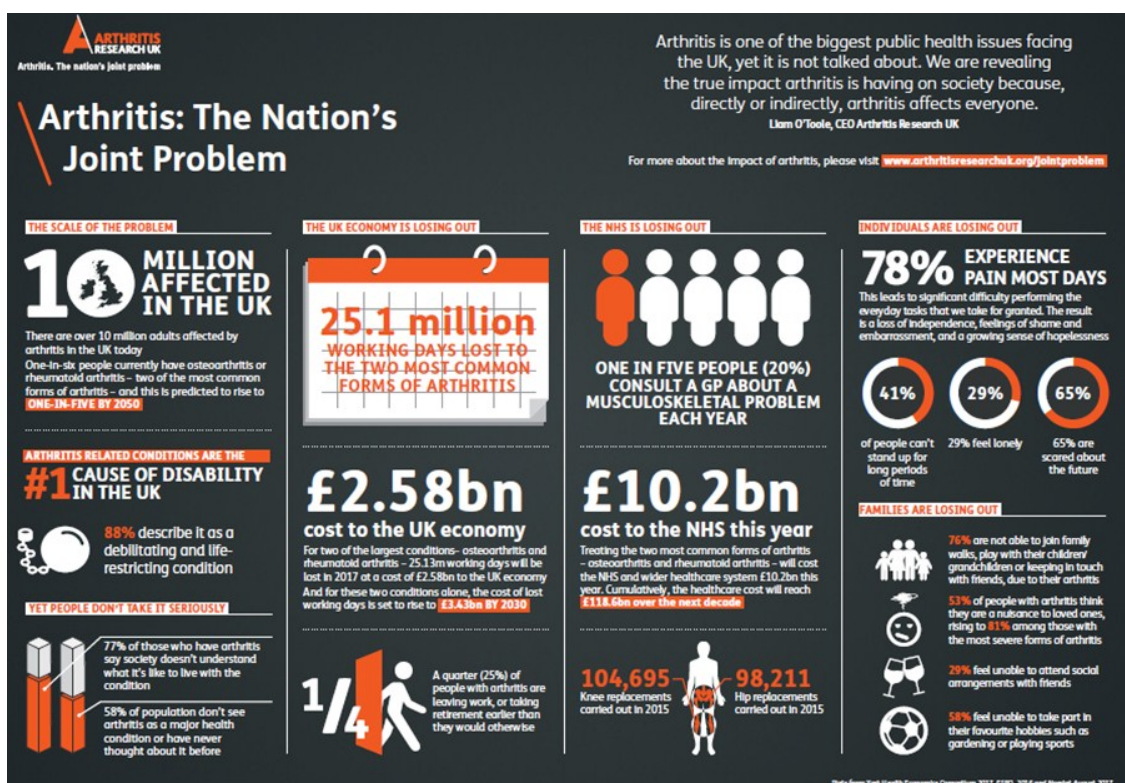
3. Further weight given to the suggestion of allowing physiotherapists to sign people off work

Natalie Beswetherick, Director of Practice and Development at the CSP has stated recent statistics published by NHS Digital have shown nearly 20% of fit notes were issues for MSK-related conditions. This gives further weight to allowing physiotherapists to sign people off work, and to providing greater numbers of physiotherapists in GP surgeries. This would ultimately free up GPs while ensuring patients receive advice on their condition at the point of being signed off to help them get back to work as soon as they feel able. Additionally this would also benefit those with long-term conditions who at present must make additional GP appointments to get signed off when they suffer a set-back. Watch this space. <http://digital.nhs.uk/catalogue/PUB30068>

4. Powerful new campaign by Arthritis Research UK

A wealth of information to see here. Join the active community of healthcare professionals, bringing together the latest news, research and resources to help transform care for people with arthritis. Information is available

for those affected by arthritis, those caring for someone affected, healthcare professionals and employers. See the link for the useful info graphic too. <http://bit.ly/2wM3HBY>





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#FRACTUREFRIDAY BY SAM ACKERLEY

Carpal bone fractures– Triquetrum fractures

Articulations

Along with the scaphoid and lunate, forms the distal articular surface of the radiocarpal joint

Intercarpal articulations

- lunate (lateral)
- pisiform (lateral)
- hamate (distal)
- a meniscus attached to the triquetrum is located between the radiocarpal and pisiform-triquetral compartments

Blood supply

A network of nutrient vessels on both non-articular surfaces.

Triquetral fracture

It is the 2nd commonest carpal bone fracture, after the scaphoid. Usually the dorsal surface of the triquetrum due to impingement from the ulnar styloid, shear forces, or avulsion from strong ligamentous attachments.

Surgical intervention is rarely required, but a persistently symptomatic chip fracture may require excision.



Lunotriquetral coalition

Most common type of carpal coalition (prevalence of 0.1%) and represents a congenital fusion of the lunate and triquetral bones of the carpal row.

Osseous coalitions of the lunate and the triquetrum are usually asymptomatic however fibrocartilage lunotriquetral coalitions can present an uncommon cause of ulnar-sided wrist pain.

Classification

De Villiers classified lunotriquetral coalition into four types:

- Incomplete (or fibrocartilage) fusion - resembles a pseudoarthrosis
- Incomplete osseous fusion
- Complete osseous fusion
- Complete osseous fusion with other carpal abnormalities

Most commonly an incidental finding. May occasionally be a cause of chronic wrist pain.



Complete osseous coalition of the lunate and triquetrum

Resources

<http://bit.ly/2eSjTL4>

<http://bit.ly/2gOsQBO>

<http://bit.ly/2wPgBwA>

<http://bit.ly/2xbnLOo>

